

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

TRUST IN THE MISSION PAC

ADDRESS (number and street)

3804 WILSON BLVD #1347



Check if different than previously reported. (ACC)

ARLINGTON

VA

22203

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00840546

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☒ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

JENKINS, TIFFANY, , ,

Type or Print Name of Treasurer

Signature of Treasurer

JENKINS, TIFFANY, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**TRUST IN THE MISSION PAC**Report Covering the Period: From: 

M M	/	D D	/	Y Y Y Y Y Y
05		17		2023

 To: 

M M	/	D D	/	Y Y Y Y Y Y
06		30		2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y Y 2023</div>		<div>0.00</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>0.00</div>	
(c) Total Receipts (from Line 19) .....	<div>19340497.00</div>	<div>19340497.00</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>19340497.00</div>	<div>19340497.00</div>
7. Total Disbursements (from Line 31).....	<div>4292540.38</div>	<div>4292540.38</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>15047956.62</div>	<div>15047956.62</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**Federal Election Commission  
999 E Street, NW  
Washington, DC 20463Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**TRUST IN THE MISSION PAC**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
05 17 2023

To:

M M / D D / Y Y Y Y Y  
06 30 2023**I. Receipts****COLUMN A**  
Total This Period**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

## (i) Itemized (use Schedule A).....

0.00

0.00

## (ii) Unitemized .....

0.00

0.00

## (iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0.00

0.00

## (b) Political Party Committees .....

0.00

0.00

## (c) Other Political Committees

(such as PACs).....

0.00

0.00

## (d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

0.00

0.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

57675.76

57675.76

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

19282821.24

19282821.24

## 18. Transfers from Non-Federal and Levin Funds

## (a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

## (b) Levin Funds (from Schedule H5) .....

0.00

0.00

## (c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

19340497.00

19340497.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

19340497.00

19340497.00

# DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	3635118.94	3635118.94
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	657421.44	657421.44
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4292540.38	4292540.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4292540.38	4292540.38

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	57675.76	57675.76
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	- 57675.76	- 57675.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 37

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TRUST IN THE MISSION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ACE CONSULTING GROUP LLC**

Mailing Address 78 FOLLY ROAD BOULEVARD  
STE B9-1182

City  
CHARLESTON

State  
SC

Zip Code  
29407

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

57675.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2023

**Transaction ID : SA15.38**

Amount of Each Receipt this Period

57675.76

☐ Memo Item

NON-CONTRIBUTION ACCT: REFUND

REFUND OF OVERPAYMENTS ON 06/09/2023 AND  
06/21/2023

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57675.76

57675.76

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 37  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**TRUST IN THE MISSION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STEWARD, DAVID, L., ,**Mailing Address 2200 WEST PORT PLAZA DR  
STE 203City  
SAINT LOUISState  
MOZip Code  
63146-3211FEC ID number of contributing  
federal political committee.Name of Employer (for Individual)  
WORLD WIDE TECHNOLOGYOccupation (for Individual)  
FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2023

**Transaction ID : SA17.2**

Amount of Each Receipt this Period

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NOVOGRADAC, MICHAEL, J., ,**

Mailing Address 244 GLORIETTA BLVD

City  
ORINDAState  
CAZip Code  
94563-3547FEC ID number of contributing  
federal political committee.Name of Employer (for Individual)  
NOVOGRADAC & COOccupation (for Individual)  
REAL ESTATE PROFESSIONAL / CP/

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2023

**Transaction ID : SA17.1**

Amount of Each Receipt this Period

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PROPE, TROY, , ,**Mailing Address 126 SEVEN FARMS DR.  
ST 110City  
DANIEL ISLANDState  
SCZip Code  
29492-8142FEC ID number of contributing  
federal political committee.Name of Employer (for Individual)  
VDV MANAGEMENTOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2023

**Transaction ID : SA17.4**

Amount of Each Receipt this Period

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 37  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**TRUST IN THE MISSION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WENDT, GREGORY, W., ,**Mailing Address 2269 CHESTNUT STREET  
PMB 206City  
SAN FRANCISCOState  
CAZip Code  
94123-2600FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CAPITOL GROUPOccupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2023**Transaction ID : SA17.3**

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251021.24

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2023**Transaction ID : SA17.5**

Amount of Each Receipt this Period

100020.24

☒ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MARINO, VINCENT, , ,**

Mailing Address 647 ISLAND PARK DRIVE

City  
DANIEL ISLANDState  
SCZip Code  
29492-7587FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CONTAINER MAINTENANCE CORPOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2023**Transaction ID : SA17.7**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

350000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 37  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**TRUST IN THE MISSION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ROWAN, MARK, , ,**Mailing Address 65 EAST 55TH STREET  
31ST FLOORCity  
NEW YORKState  
NYZip Code  
10022-3357FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
APOLLO GLOBAL MANAGEMENTOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y  
05 / 31 / 2023**Transaction ID : SA17.16**

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. OPPORTUNITY MATTERS FUND ACTION**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00825158

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10800000.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y  
05 / 31 / 2023**Transaction ID : SA17.17**

Amount of Each Receipt this Period

10000000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HASLAM, JAMES, A., , II**

Mailing Address PO BOX 10146

City  
KNOXVILLEState  
TNZip Code  
37939-0146FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
PILOT COMPANYOccupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y  
06 / 02 / 2023**Transaction ID : SA17.10**

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

10275000.00

**TOTAL** This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 37

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

TRUST IN THE MISSION PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HASLAM, WILLIAM, E., ,

Mailing Address PO BOX 1831

City  
KNOXVILLEState  
TNZip Code  
37901-1831FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2023

Transaction ID : SA17.8

Amount of Each Receipt this Period

300000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MODEN LLC

Mailing Address 295 SEVEN FARMS DRIVE  
SUITE C-243City  
CHARLESTONState  
SCZip Code  
29492-8001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2023

Transaction ID : SA17.9

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION
NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANDERSON, MORGAN, , ,

Mailing Address 295 SEVEN FARMS DRIVE  
SUITE C-243City  
DANIEL ISLANDState  
SCZip Code  
29492-8001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2023

Transaction ID : SA17.18

Amount of Each Receipt this Period

100000.00

☒ Memo Item  
CONTRIBUTION
NON CONTRIBUTION ACCOUNT; PARTNERSHIP  
ATTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

400000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 37

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

TRUST IN THE MISSION PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HASLAM, JAMES, A., , III

Mailing Address PO BOX 10528

City  
KNOXVILLEState  
TNZip Code  
37939-0528FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PILOT OIL

Occupation (for Individual)

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M	D D	Y Y Y Y
06	06	2023

Transaction ID : SA17.12

Amount of Each Receipt this Period

25000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HASLAM, SUSAN, DEE, ,

Mailing Address PO BOX 10528

City  
KNOXVILLEState  
TNZip Code  
37939-0528FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HASLAM SPORTS GROUP

Occupation (for Individual)

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M	D D	Y Y Y Y
06	06	2023

Transaction ID : SA17.11

Amount of Each Receipt this Period

25000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

251021.24

Date of Receipt

M M	D D	Y Y Y Y
06	06	2023

Transaction ID : SA17.13

Amount of Each Receipt this Period

125000.00

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 37

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

**TRUST IN THE MISSION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CAHILL, JOHN, , ,**

Mailing Address 2 LADSON STREET

City  
CHARLESTONState  
SCZip Code  
29401-2704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2023

Transaction ID : SA17.15

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HUDSON, DAVID, , ,**

Mailing Address 371 RHODEN ISLAND DR

City  
DANIEL ISLANDState  
SCZip Code  
29492-8465FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUDSON AUTOMOTIVE GROUPOccupation (for Individual)  
AUTOMOBILE DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2023

Transaction ID : SA17.14

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FRIENDS OF PAT TOOMEY**Mailing Address 228 S WASHINGTON ST  
STE 115City  
ALEXANDRIAState  
VAZip Code  
22314-5404FEC ID number of contributing  
federal political committee.

C C00461046

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2023

Transaction ID : SA17.24

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 37  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

**TRUST IN THE MISSION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. JOHNSON, GEORGE, DEAN, , III**Mailing Address 100 DUNBAR STREET  
SUITE 400City  
SPARTANBURGState  
SCZip Code  
29306-5189FEC ID number of contributing  
federal political committee.Name of Employer (for Individual)  
THE JOHNSON GROUPOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2023

**Transaction ID : SA17.22**

Amount of Each Receipt this Period

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JOHNSON, GEORGE, DEAN, , JR.**Mailing Address 100 DUNBAR STREET  
SUITE 400City  
SPARTANBURGState  
SCZip Code  
29306-5189FEC ID number of contributing  
federal political committee.Name of Employer (for Individual)  
THE JOHNSON GROUPOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2023

**Transaction ID : SA17.23**

Amount of Each Receipt this Period

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SHANNON, SUSANNA, JOHNSON, ,**Mailing Address 100 ST. PAUL STREET  
SUITE 310City  
DENVERState  
COZip Code  
80206-5136FEC ID number of contributing  
federal political committee.Name of Employer (for Individual)  
THE JOHNSON GROUPOccupation (for Individual)  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2023

**Transaction ID : SA17.21**

Amount of Each Receipt this Period

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 37  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**TRUST IN THE MISSION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251021.24

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2023**Transaction ID : SA17.25**

Amount of Each Receipt this Period

1000.00

☒ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WIGHT, RUSS, , ,**

Mailing Address 2050 ROYAL PALM WAY

City  
BOCA RATONState  
FLZip Code  
33432-7446FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023**Transaction ID : SA17.26**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ZUCKER, ANITA, G., ,**

Mailing Address 99 S. BATTERY

City  
CHARLESTONState  
SCZip Code  
29401-2321FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
THE INTERTECH GROUPOccupation (for Individual)  
CHAIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 21 / 2023**Transaction ID : SA17.27**

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

51000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 37  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**TRUST IN THE MISSION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINTER, DAVID, , ,**Mailing Address 9 WEST 57TH STREET  
FLOOR 47City  
NEW YORKState  
NYZip Code  
10019-2708FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
STANDARD INDUSTRIESOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2023**Transaction ID : SA17.28**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TITAN FARMS, LLC**

Mailing Address 5 R W DUBOSE RD

City  
RIDGE SPRINGState  
SCZip Code  
29129-9552FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2023**Transaction ID : SA17.29**

Amount of Each Receipt this Period

40000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CARR, CHALMERS, , ,**

Mailing Address 5 R W DUBOSE RD

City  
RIDGE SPRINGState  
SCZip Code  
29129-9552FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
TITAN ORCHARD MGMT - TITAN FARMS LLCOccupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2023**Transaction ID : SA17.44**

Amount of Each Receipt this Period

40000.00

☒ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; PARTNERSHIP  
ATTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

140000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 37  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

**TRUST IN THE MISSION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NAVARRO, BENJAMIN, , ,**

Mailing Address 93 BROAD ST

City  
CHARLESTONState  
SCZip Code  
29401-2202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
BEEMOK CAPITALOccupation (for Individual)  
BUSINESS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2023**Transaction ID : SA17.30**

Amount of Each Receipt this Period

5000000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. OPPORTUNITY MATTERS FUND ACTION**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00825158

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10800000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 29 / 2023**Transaction ID : SA17.31**

Amount of Each Receipt this Period

800000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. JAY, JEFFREY, R., DR.,**

Mailing Address 360 SOUTH OCEAN BLVD PH A

City  
PALM BEACHState  
FLZip Code  
33480-4416FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
GREAT POINT PARTNERSOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

41800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023**Transaction ID : SA17.32**

Amount of Each Receipt this Period

41800.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

5841800.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 37  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**TRUST IN THE MISSION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WENDT FAMILY TRUST**Mailing Address 2269 CHESTNUT STREET  
PMB 206City  
SAN FRANCISCOState  
CAZip Code  
94123-2600FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA17.33

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WENDT, GREGORY, W., ,**Mailing Address 2269 CHESTNUT STREET  
PMB 206City  
SAN FRANCISCOState  
CAZip Code  
94123-2600FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CAPITOL GROUPOccupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA17.34

Amount of Each Receipt this Period

250000.00

☒ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; TRUST  
ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

251021.24

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA17.35

Amount of Each Receipt this Period

25000.00

☒ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 37  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**TRUST IN THE MISSION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MCCAFFERY, MICHAEL, , ,**

Mailing Address 360 POETT RD

City  
HILLSBOROUGH

State  
CA

Zip Code  
94010-6833

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

**06 / 30 / 2023**

**Transaction ID : SA17.36**

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25000.00

19282800.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**TRUST IN THE MISSION PAC**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
NON-CONTRIBUTION ACCT: DATABASE MANAGEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	0			2	0	2	3		

FEC Identification Number

**C****Transaction ID : SB29.I59**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WIN RED TECHNICAL SERVICES, LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
NON-CONTRIBUTION ACCT: CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	0			2	0	2	3		

FEC Identification Number

**C****Transaction ID : SB29.I69**

Amount of Each Disbursement this Period

3200.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ACE CONSULTING GROUP LLC**Mailing Address 78 FOLLY ROAD BOULEVARD  
STE B9-1182City  
CHARLESTONState  
SCZip Code  
29407Purpose of Disbursement  
NON-CONTRIBUTION ACCT DEPOSIT : MEDIA PRODUCTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	2	3		

FEC Identification Number

**C****Transaction ID : SB29.I74**

Amount of Each Disbursement this Period

25500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

29200.80

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**TRUST IN THE MISSION PAC**

Full Name (Last, First, Middle Initial)

**A. REPUBLICAN PARTY OF IOWA**

Mailing Address 621 EAST 9TH ST

City  
DES MOINESState  
IAZip Code  
50309Purpose of Disbursement  
NON-CONTRIBUTION ACCT: VOTER FILE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	6			2	0	2	3		

FEC Identification Number

**C**

Transaction ID : SB29.I67

Amount of Each Disbursement this Period

35000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WIN RED TECHNICAL SERVICES, LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
NON-CONTRIBUTION ACCT: CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	6			2	0	2	3		

FEC Identification Number

**C**

Transaction ID : SB29.I70

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ADVANCED PLANNING AND LOGISTICS**Mailing Address 9480 MAIN ST  
NUMBER 1184City  
FAIRFAXState  
VAZip Code  
22031Purpose of Disbursement  
NON-CONTRIBUTION ACCT: DONOR MEMENTOS / TRAVEL  
MANAGEMENT SERVICES / CATERING / TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	8			2	0	2	3		

FEC Identification Number

**C**

Transaction ID : SB29.I41

Amount of Each Disbursement this Period

16855.77

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55855.77

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**TRUST IN THE MISSION PAC**

Full Name (Last, First, Middle Initial)

**A. ACE CONSULTING GROUP LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2023

Mailing Address 78 FOLLY ROAD BOULEVARD  
STE B9-1182City  
CHARLESTONState  
SCZip Code  
29407Purpose of Disbursement  
NON-CONTRIBUTION ACCT: MEDIA STRATEGY CONSULTING /  
POLITICS / MEDIA PRODUCTION  
Candidate NameCategory/  
Type

FEC Identification Number

**C****Transaction ID : SB29.I39**

Amount of Each Disbursement this Period

189268.52

PARTIALLY REFUNDED ON

☐ Memo Item 06/30/2023

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. ADVANCED PLANNING AND LOGISTICS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2023

Mailing Address 9480 MAIN ST  
NUMBER 1184City  
FAIRFAXState  
VAZip Code  
22031Purpose of Disbursement  
NON-CONTRIBUTION ACCT: VENUE RENTAL  
Candidate NameCategory/  
Type

FEC Identification Number

**C****Transaction ID : SB29.I42**

Amount of Each Disbursement this Period

17500.00

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. WIN RED TECHNICAL SERVICES, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		12		2023

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
NON-CONTRIBUTION ACCT: CREDIT CARD PROCESSING FEES  
Candidate NameCategory/  
Type

FEC Identification Number

**C****Transaction ID : SB29.I71**

Amount of Each Disbursement this Period

0.04

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

206768.56

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**TRUST IN THE MISSION PAC**

Full Name (Last, First, Middle Initial)

**A. ADVANCED PLANNING AND LOGISTICS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2023

Mailing Address 9480 MAIN ST  
NUMBER 1184City  
FAIRFAXState  
VAZip Code  
22031Purpose of Disbursement  
NON-CONTRIBUTION ACCT: TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB29.I43**

Amount of Each Disbursement this Period

45988.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ADVANCED PLANNING AND LOGISTICS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2023

Mailing Address 9480 MAIN ST  
NUMBER 1184City  
FAIRFAXState  
VAZip Code  
22031Purpose of Disbursement  
NON-CONTRIBUTION ACCT: VENUE RENTAL / TRAVEL / CATERING /  
PRINTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB29.I44**

Amount of Each Disbursement this Period

51322.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WIN RED TECHNICAL SERVICES, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2023

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
NON-CONTRIBUTION ACCT: CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB29.I72**

Amount of Each Disbursement this Period

39.40

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

97351.09

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**TRUST IN THE MISSION PAC**

Full Name (Last, First, Middle Initial)

**A. BYARS, DREA, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2023

Mailing Address 171 CARRIAGE HILL DRIVE

City  
LEXINGTONState  
SCZip Code  
29072Purpose of Disbursement  
NON-CONTRIBUTION ACCT: FINANCE CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB29.I62**

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2023

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
NON-CONTRIBUTION ACCT: DATABASE MANAGEMENT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB29.I60**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. i360, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2023

Mailing Address 2300 CLARENDON BLVD  
SUITE 800City  
ARLINGTONState  
VAZip Code  
22201Purpose of Disbursement  
NON-CONTRIBUTION ACCT: SOFTWARE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB29.I63**

Amount of Each Disbursement this Period

11420.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

31920.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**TRUST IN THE MISSION PAC**

Full Name (Last, First, Middle Initial)

**A. SOCKO STRATEGIES, LLC**Mailing Address 1101 30TH ST. NW  
STE 125City  
WASHINGTONState  
DCZip Code  
20007Purpose of Disbursement  
NON-CONTRIBUTION ACCT: FINANCE CONSULTING / TRAVEL / OFFICE  
SUPPLIES / DELIVERY SERVICE  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	0			2	0	2	3	

FEC Identification Number

**C**

Transaction ID : SB29.I68

Amount of Each Disbursement this Period

52300.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ACE CONSULTING GROUP LLC**Mailing Address 78 FOLLY ROAD BOULEVARD  
STE B9-1182City  
CHARLESTONState  
SCZip Code  
29407Purpose of Disbursement  
NON-CONTRIBUTION ACCT: MEDIA STRATEGY CONSULTING / MEDIA  
PRODUCTION  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	2	3	

FEC Identification Number

**C**

Transaction ID : SB29.I40

Amount of Each Disbursement this Period

125985.88

PARTIALLY REFUNDED ON  
06/30/2023☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CROSBY OTTENHOFF GROUP**

Mailing Address 611 PENNSYLVANIA AVE SE #267

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
NON-CONTRIBUTION ACCT: COMPLIANCE CONSULTING  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	2	3	

FEC Identification Number

**C**

Transaction ID : SB29.I61

Amount of Each Disbursement this Period

11916.67

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

190203.07



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**TRUST IN THE MISSION PAC**

Full Name (Last, First, Middle Initial)

**A. ON THE MARK DIRECT, LLC**Mailing Address 1301 GERVAIS STREET  
SUITE 1900City  
COLUMBIAState  
SCZip Code  
29201Purpose of Disbursement  
NON-CONTRIBUTION ACCT: POLITICAL CONSULTING / PRINTING /  
TRAVEL / FOOD / BEVERAGE  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2023

FEC Identification Number

**C****Transaction ID : SB29.I66**

Amount of Each Disbursement this Period

26705.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ACE CONSULTING GROUP LLC**Mailing Address 78 FOLLY ROAD BOULEVARD  
STE B9-1182City  
CHARLESTONState  
SCZip Code  
29407Purpose of Disbursement  
NON-CONTRIBUTION ACCT DEPOSIT : MEDIA PRODUCTION  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	28	/	2023

FEC Identification Number

**C****Transaction ID : SB29.I75**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MONADNOCK STRATGIES LLC**

Mailing Address 6460 FOURTH STREET

City  
ALEXANDRIAState  
VAZip Code  
22312Purpose of Disbursement  
NON-CONTRIBUTION ACCT: COMMUNICATIONS CONSULTING /  
TRAVEL / FOOD / BEVERAGE  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2023

FEC Identification Number

**C****Transaction ID : SB29.I65**

Amount of Each Disbursement this Period

13618.74

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

43824.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**TRUST IN THE MISSION PAC**

Full Name (Last, First, Middle Initial)

**A. INSPERITY**Mailing Address 4030 W BOY SCOUT BLVD  
SUITE 450City  
TAMPAState  
FLZip Code  
33607Purpose of Disbursement  
NON-CONTRIBUTION ACCT: PAYROLL SERVICE FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2023

FEC Identification Number

**C****Transaction ID : SB29.I64**

Amount of Each Disbursement this Period

1360.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WIN RED TECHNICAL SERVICES, LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
NON-CONTRIBUTION ACCT: CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2023

FEC Identification Number

**C****Transaction ID : SB29.I73**

Amount of Each Disbursement this Period

800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2160.00

657283.94

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 27 OF 37  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>TRUST IN THE MISSION PAC</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00840546</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Full Name of Payee <b>ACE CONSULTING GROUP LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 02 / 2023</div>		
Mailing Address 78 FOLLY ROAD BOULEVARD STE B9-1182			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1161138.66</div>		
City CHARLESTON	State SC	Zip Code 29407	<b>Transaction ID : SE24.1</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 01 / 2023</div>		
Purpose of Expenditure NON-CONTRIBUTION ACCT: MEDIA PLACEMENT			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: SCOTT, TIMOTHY, E., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: IA		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">3363257.45</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>ACE CONSULTING GROUP LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 02 / 2023</div>		
Mailing Address 78 FOLLY ROAD BOULEVARD STE B9-1182			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">23463.00</div>		
City CHARLESTON	State SC	Zip Code 29407	<b>Transaction ID : SE24.2</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 01 / 2023</div>		
Purpose of Expenditure NON-CONTRIBUTION ACCT: MEDIA PRODUCTION			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: SCOTT, TIMOTHY, E., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: IA		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">3363257.45</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1184601.66</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
JENKINS, TIFFANY, , ,		[Electronically Filed]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 31 / 2023</div>	
Signature					

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB  
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Form/Schedule: SE  
Transaction ID : SE24.1

MULTISTATE INDEPENDENT EXPENDITURE, PUBLICLY DISTRIBUTED OR DISSEMINATED IN ALL STATES

Form/Schedule: SE  
Transaction ID: SE24.2

MULTISTATE INDEPENDENT EXPENDITURE, PUBLICLY DISTRIBUTED OR DISSEMINATED IN ALL STATES

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 29 OF 37  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>TRUST IN THE MISSION PAC</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00840546</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>					
Full Name of Payee <b>ACE CONSULTING GROUP LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 02 / 2023		
Mailing Address 78 FOLLY ROAD BOULEVARD STE B9-1182			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">577269.00</div>		
City CHARLESTON	State SC	Zip Code 29407	<b>Transaction ID : SE24.3</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 02 / 2023		
Purpose of Expenditure NON-CONTRIBUTION ACCT: DIGITAL MEDIA PLACEMENT / DIGITAL MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
Name of Federal Candidate: SCOTT, TIMOTHY, E., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: IA		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">3363257.45</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>ACE CONSULTING GROUP LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 05 / 20 / 2023		
Mailing Address 78 FOLLY ROAD BOULEVARD STE B9-1182			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">300.00</div>		
City CHARLESTON	State SC	Zip Code 29407	<b>Transaction ID : SE24.33</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 09 / 2023		
Purpose of Expenditure NON-CONTRIBUTION ACCT: PRINTING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
Name of Federal Candidate: SCOTT, TIMOTHY, E., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: SC		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2050.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">577569.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
JENKINS, TIFFANY, , , Signature		[Electronically Filed]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023	

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
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Form/Schedule: SE  
Transaction ID : SE24.3

MULTISTATE INDEPENDENT EXPENDITURE, PUBLICLY DISTRIBUTED OR DISSEMINATED IN ALL STATES

Form/Schedule:  
Transaction ID:



: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SE  
Transaction ID : SE24.4

MULTISTATE INDEPENDENT EXPENDITURE, PUBLICLY DISTRIBUTED OR DISSEMINATED IN ALL STATES

Form/Schedule:  
Transaction ID:



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 33 OF 37  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>TRUST IN THE MISSION PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00840546</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report      Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Full Name of Payee <b>ACE CONSULTING GROUP LLC</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 22 / 2023	
Mailing Address 78 FOLLY ROAD BOULEVARD STE B9-1182		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">218215.17</div>	
City CHARLESTON	State SC	Zip Code 29407	<b>Transaction ID : SE24.7</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 20 / 2023
Purpose of Expenditure NON-CONTRIBUTION ACCT: MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: SCOTT, TIMOTHY, E., ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3363257.45</div>			
Full Name of Payee <b>ACE CONSULTING GROUP LLC</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 22 / 2023	
Mailing Address 78 FOLLY ROAD BOULEVARD STE B9-1182		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">126749.14</div>	
City CHARLESTON	State SC	Zip Code 29407	<b>Transaction ID : SE24.8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 20 / 2023
Purpose of Expenditure NON-CONTRIBUTION ACCT: MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: SCOTT, TIMOTHY, E., ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">269811.49</div>			
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">344964.31</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
JENKINS, TIFFANY, , , Signature		[Electronically Filed]      Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 34 OF 37  
FOR LINE 24 OF FORM 3X

<b>NAME OF COMMITTEE (In Full)</b> <b>TRUST IN THE MISSION PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00840546
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	

<b>Full Name of Payee</b> <b>ACE CONSULTING GROUP LLC</b> <input type="checkbox"/> Memo Item			<b>Date of Public Distribution/Dissemination</b> <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 02 / 2023	
<b>Mailing Address</b> 78 FOLLY ROAD BOULEVARD STE B9-1182			<b>Amount</b> <span style="border:1px solid black; padding:2px;">123141.49</span>	
<b>City</b> CHARLESTON	<b>State</b> SC	<b>Zip Code</b> 29407	<b>Transaction ID : SE24.24</b>	
<b>Purpose of Expenditure</b> NON-CONTRIBUTION ACCT: MEDIA PLACEMENT		<b>Category/Type</b> <span style="border:1px solid black; padding:2px;"></span>	<b>Date of Disbursement or Obligation</b> <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 27 / 2023	
<b>Name of Federal Candidate:</b> SCOTT, TIMOTHY, E., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			<b>Office Sought:</b> <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: IA	
<b>Calendar Year-To-Date</b> Per Election for Office Sought <span style="border:1px solid black; padding:2px;">3363257.45</span>			<b>Disbursement For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	

<b>Full Name of Payee</b> <b>ACE CONSULTING GROUP LLC</b> <input type="checkbox"/> Memo Item			<b>Date of Public Distribution/Dissemination</b> <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 02 / 2023	
<b>Mailing Address</b> 78 FOLLY ROAD BOULEVARD STE B9-1182			<b>Amount</b> <span style="border:1px solid black; padding:2px;">82222.34</span>	
<b>City</b> CHARLESTON	<b>State</b> SC	<b>Zip Code</b> 29407	<b>Transaction ID : SE24.25</b>	
<b>Purpose of Expenditure</b> NON-CONTRIBUTION ACCT: MEDIA PLACEMENT		<b>Category/Type</b> <span style="border:1px solid black; padding:2px;"></span>	<b>Date of Disbursement or Obligation</b> <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 27 / 2023	
<b>Name of Federal Candidate:</b> SCOTT, TIMOTHY, E., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			<b>Office Sought:</b> <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: NH	
<b>Calendar Year-To-Date</b> Per Election for Office Sought <span style="border:1px solid black; padding:2px;">269811.49</span>			<b>Disbursement For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<span style="border:1px solid black; padding:2px;">205363.83</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<span style="border:1px solid black; padding:2px;"></span>
<b>(c) TOTAL</b> Independent Expenditures .....	<span style="border:1px solid black; padding:2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JENKINS, TIFFANY, , ,

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2023

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 35 OF 37  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>TRUST IN THE MISSION PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00840546</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee <b>ACE CONSULTING GROUP LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 29 / 2023</div>	
Mailing Address <b>78 FOLLY ROAD BOULEVARD STE B9-1182</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">87841.74</div>	
City <b>CHARLESTON</b>	State <b>SC</b>	Zip Code <b>29407</b>	<b>Transaction ID : SE24.16</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 27 / 2023</div>	
Purpose of Expenditure <b>NON-CONTRIBUTION ACCT: MEDIA PLACEMENT</b>			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate: <b>SCOTT, TIMOTHY, E., ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> <b>3363257.45</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>ACE CONSULTING GROUP LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 29 / 2023</div>	
Mailing Address <b>78 FOLLY ROAD BOULEVARD STE B9-1182</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">48329.01</div>	
City <b>CHARLESTON</b>	State <b>SC</b>	Zip Code <b>29407</b>	<b>Transaction ID : SE24.17</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 27 / 2023</div>	
Purpose of Expenditure <b>NON-CONTRIBUTION ACCT: MEDIA PLACEMENT</b>			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate: <b>SCOTT, TIMOTHY, E., ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> <b>269811.49</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">136170.75</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
JENKINS, TIFFANY, , , Signature			[Electronically Filed]    Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 31 / 2023</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 36 OF 37  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>TRUST IN THE MISSION PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00840546</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report      Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Full Name of Payee <b>ACE CONSULTING GROUP LLC</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y 06 / 29 / 2023</div>	
Mailing Address 78 FOLLY ROAD BOULEVARD STE B9-1182		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8500.00</div>	
City CHARLESTON	State SC	Zip Code 29407	<b>Transaction ID : SE24.18</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y 06 / 28 / 2023</div>
Purpose of Expenditure NON-CONTRIBUTION ACCT: MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: SCOTT, TIMOTHY, E., ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3363257.45</div>			
Full Name of Payee <b>ACE CONSULTING GROUP LLC</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y 06 / 29 / 2023</div>	
Mailing Address 78 FOLLY ROAD BOULEVARD STE B9-1182		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8500.00</div>	
City CHARLESTON	State SC	Zip Code 29407	<b>Transaction ID : SE24.19</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y 06 / 28 / 2023</div>
Purpose of Expenditure NON-CONTRIBUTION ACCT: MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: SCOTT, TIMOTHY, E., ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">269811.49</div>			
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">17000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
JENKINS, TIFFANY, , , Signature		[Electronically Filed]      Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y 07 / 31 / 2023</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 37 OF 37  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>TRUST IN THE MISSION PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00840546</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>				
Full Name of Payee <b>FIELD FORWARD</b> <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">06</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">26</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2023</div></div>	
Mailing Address 2301 CLARK STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">343310.00</div>	
City COLUMBIA	State SC	Zip Code 29201	<b>Transaction ID : SE24.9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">06</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">26</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2023</div></div>	
Purpose of Expenditure NON-CONTRIBUTION ACCT: DOOR-TO-DOOR GOTV / PRINTING			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: SCOTT, TIMOTHY, E., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: IA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>ON THE MARK DIRECT, LLC</b> <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">05</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">20</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2023</div></div>	
Mailing Address 1301 GERVAIS STREET SUITE 1900			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1750.00</div>	
City COLUMBIA	State SC	Zip Code 29201	<b>Transaction ID : SE24.34</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">06</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">27</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2023</div></div>	
Purpose of Expenditure NON-CONTRIBUTION ACCT: ADVERTISING - PRINT			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: SCOTT, TIMOTHY, E., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: SC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">345060.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">3635118.94</div></div></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">JENKINS, TIFFANY, , , Signature</div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 30%; text-align: right;">Date <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">07</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">31</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2023</div></div></div></div>				